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MAY 23 2005

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ATTN: DOCKETING DEPARTMENT

101 EXECUTIVE CENTER DRIVE

POST OFFICE DRAWER 11649

COLUMBIA, SOUTH CAROLINA 29211

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER 2005-158-7 DATE May 11, 2005

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Limousine Central, LLC

2. (a) Street Address of Applicant 2359 Perimeter Pointe Suite 350
Charlotte, NC 28238

(b) Mailing address, if different from street address SAME

(c) Telephone Number 704-655-9119 ~~SS~~ No. EIN 37-1987093

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.) See attached

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Anthony L. Mizzi, Managing Member, 2359 Perimeter Pointe Parkway

Suite 350, Charlotte, NC 28238, Vern Swanson, VP-same address

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith. See attached

6. The proposed list of equipment is as per Exhibit "D" included herewith.

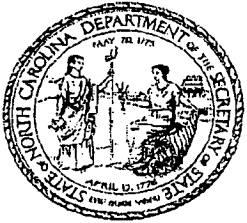
See attached

Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: May Year: 2005

Assets:	
Cash	5,379
Receivables	
DEPOSITS	(19,554)
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	420,198
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	1,000
Total Assets	\$407,023
Liabilities and Equity:	
Accounts Payable	4,125
Notes Payable (VEHICLES)	231,503
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	15,920
Other Liabilities	
Total Liabilities	251,548
Capital Stock	
Retained Earnings	155,475
Total Equity	155,475
Total Liabilities and Equity	\$407,023



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

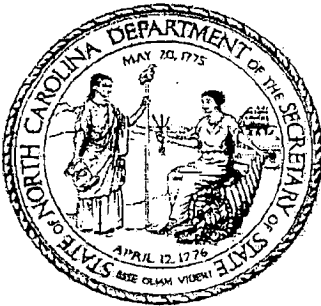
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

LIMOUSINE CENTRAL, LLC

the original of which was filed in this office on the 11th day of March, 2004.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 11th day of March, 2004

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

SOSID: 715536
Date Filed: 3/11/2004 10:49:00 AM
Elaine F. Marshall
North Carolina Secretary of State
C200406900141

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: Limousine Central, LLC
2. If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: *(If no date for dissolution is specified, there shall be no limit on the duration of the limited liability company.)* _____
3. The name and address of each person executing these articles of organization is as follows:
(State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed here).
Anthony Mizzi, Organizer - 2630-D Nelda Drive, Monroe, NC 28110

4. The street address and county of the initial registered office of the limited liability company is:

Number and Street 2630-D Nelda Drive

City, State, Zip Code Monroe, NC 28110 County Union

5. The mailing address, *if different from the street address*, of the initial registered office is:

6. The name of the initial registered agent is: Anthony Mizzi

7. Principal office information: *(Select either a or b.)*

a. ☒ The limited liability company has a principal office.

The street address and county of the principal office of the limited liability company is:

Number and Street 2630-D Nelda Drive
City, State, Zip Code Monroe, NC 28110 County Union

The mailing address, *if different from the street address*, of the principal office of the corporation is:

b. ☐ The limited liability company does not have a principal office.

8. Check one of the following:

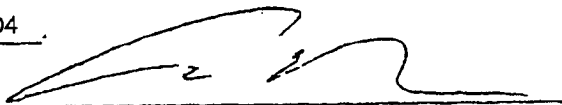
 (i) **Member-managed LLC**: all members by virtue of their status as members shall be managers of this limited liability company.

 ✓ (ii) **Manager-managed LLC**: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

9. Any other provisions which the limited liability company elects to include are attached.

10. These articles will be effective upon filing, unless a date and/or time is specified:

This is the 4 day of March , 20 2004 .



Signature

Anthony L. Mizzi - Organizer

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION
(Revised January 2002)

P.O. Box 29622

RALEIGH, NC 27626-0622
(Form L-01)

Instructions for Filing

MAY 18 2005

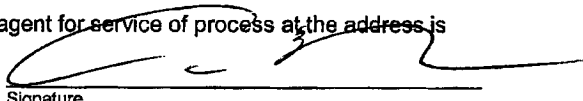
STATE OF SOUTH CAROLINA
SECRETARY OF STATE


SECRETARY OF STATE OF SOUTH CAROLINA

APPLICATION FOR A CERTIFICATE OF AUTHORITY
BY A FOREIGN LIMITED LIABILITY COMPANY
TO TRANSACT BUSINESS IN SOUTH CAROLINA

TYPE OR PRINT CLEARLY WITH BLACK INK

The following Foreign Limited Liability Company applies for a Certificate of Authority to Transact Business in South Carolina in accordance with Section 33-44-1002 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the foreign limited liability which complies with Section 33-44-1005 of the 1976 South Carolina Code as amended is Limousine Central, LLC
2. The name of the State or Country under whose law the company is organized is State of North Carolina
3. The street address of the Limited Liability Company's principal office is
2359 Perimeter Pointe Parkway, Suite 350
Street Address
Charlotte, North Carolina 29208
City State Zip Code
4. The address of the Limited Liability Company's current designated office in South Carolina is
104 Zoar Road
Street Address
Chesterfield, South Carolina 29709
City State Zip Code
5. The street address of the Limited Liability Company's initial agent for service of process in South Carolina is
104 Zoar Road
Street Address
Chesterfield, South Carolina 29709
City State Zip Code
and the name of the Limited Liability Company's agent for service of process at the address is
Anthony L. Mizzi
Name 
Signature
6. ☐ Check this box if the duration of the company is for a specified term, and if so, the period specified _____

050518-0290

FILED: 05/18/2005

LIMOUSINE CENTRAL, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Limousine Central, LLC

Name of Limited Liability Company

7. ☒ Check this box if the company is manager-managed. If so, list the names and business addresses of each manager

a. Anthony L. Mizzi

Name

2359 Perimeter Pointe Parkway, Suite 350

Business Address

Charlotte, North Carolina 29208

City

State

Zip Code

b.

Name

Business Address

City

State

Zip Code

8. ☐ Check this box if one or more members of the foreign limited liability company are to be liable for the company's debt and obligation under a provision similar to Section 33-44-303(c) of the 1976 South Carolina Code of Laws, as amended.

Date 11 May 2005

Signature

Anthony L. Mizzin, Manager

Name

Capacity

FILING INSTRUCTIONS

1. This application must be accompanied by an original certificate of existence not more than 30 days old (or a record of similar import) authenticated by the Secretary of State or other official having custody of the Limited Liability Company records in the state or country under which it is organized.
2. File two copies of these articles, the original and either a duplicate original or a conformed copy.
3. If management of a limited liability company is vested in managers, a manager shall execute this form. If management of a limited liability company is reserved to the members, a member shall execute this form. Specify whether a member or manager is executing this form.
4. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211



NORTH CAROLINA

Department of The Secretary of State

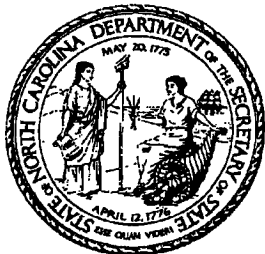
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

LIMOUSINE CENTRAL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 11th day of March, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of May, 2005

Elaine F. Marshall

Secretary of State

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

LIMOUSINE CENTRAL, LLC, A Limited Liability Company duly organized under the laws of the State of NORTH CAROLINA, and issued a certificate of authority to transact business in South Carolina on May 18th, 2005, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
18th day of May, 2005.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

EXHIBIT C

CLASS C - TAXI _____

CHARTER x

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Limousine Central, LLC

For the transportation of passengers as follows:

Area to be served: Fort Mill, Lancaster, Rock Hill & Surrounding Areas

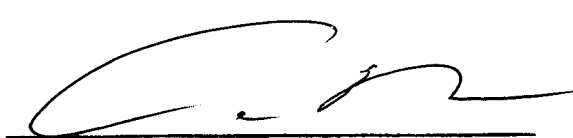
Statewide

Number of passengers: Varies based on vehicle

15

Fares: Varies based on vehicle- see attached schedule

Date 5-11-2005



By Anthony L. Miller

Managing Member

Title

Limousine Central, LLC

Night Out Rates

	4 hours	5 hours	6 hours	Each Addtn'l Hour
2-4 Passenger Hummer H2	\$240.00	\$300.00	\$360.00	\$60.00
10 Passenger Limousine	\$400.00	\$500.00	\$600.00	\$100.00
12 Passenger Limousine	\$460.00	\$575.00	\$690.00	\$115.00
14 Passenger Limousine	\$500.00	\$625.00	\$750.00	\$125.00
14 Passenger Excursion	\$600.00	\$750.00	\$900.00	\$150.00
22 Passenger Hummer H2	\$800.00	\$1,000.00	\$1,200.00	\$200.00
30 Passenger Hummer H2	\$960.00	\$1,200.00	\$1,440.00	\$240.00
25 Passenger Luxury Coach	\$880.00	\$1,100.00	\$1,320.00	\$220.00

Wedding Rates

	4 hours	5 hours	6 hours	Each Addtn'l Hour
2-4 Passenger Hummer H2	\$240.00	\$300.00	\$360.00	\$60.00
10 Passenger Limousine	\$400.00	\$500.00	\$600.00	\$100.00
12 Passenger Limousine	\$460.00	\$575.00	\$690.00	\$115.00
14 Passenger Limousine	\$500.00	\$625.00	\$750.00	\$125.00
14 Passenger Excursion	\$700.00	\$875.00	\$1,050.00	\$175.00
22 Passenger Hummer H2	\$840.00	\$1,050.00	\$1,260.00	\$210.00
30 Passenger Hummer H2	\$1,000.00	\$1,250.00	\$1,500.00	\$250.00
25 Passenger Luxury Coach	\$920.00	\$1,150.00	\$1,380.00	\$230.00

Split Time Rates (Proms/Dances)

	5 hours	Each Addtn'l Hour
2-4 Passenger Hummer H2	\$325.00	\$65.00
10 Passenger Limousine	\$575.00	\$115.00
12 Passenger Limousine	\$625.00	\$125.00
14 Passenger Limousine	\$675.00	\$135.00
14 Passenger Excursion	\$925.00	\$185.00
22 Passenger Hummer H2	\$1,150.00	\$230.00
30 Passenger Hummer H2	\$1,350.00	\$270.00
25 Passenger Luxury Coach	\$1,250.00	\$250.00

4-Hour Minimum for Wedding and Night Out rates - 5-Hour Minimum for Split Time

Gratuity for driver not included (20% is customary)

Deposit required at time of reservation: \$150.00 for Limos \$500.00 Hummers and Coach

Payment in full must be received 5 days prior to scheduled event

A fee of \$20.00 per hour will be charged for wait time

Limousine Central, LLC

Greensboro Airport

Round Trip Pricing

	Rate	Gratuity	Total
2-4 Passenger Hummer H2	\$400.00	\$80.00	\$480.00
22 Passenger Hummer H2	\$960.00	\$192.00	\$1,152.00

Charlotte/Douglas International and Concord Airport Rates

One-way Pricing

Zone 1 Pick-up to within 10 miles

	Rate	Gratuity	Total
2-4 Passenger Hummer H2	\$48.00	\$9.60	\$57.60
	\$9 per additional passenger		

Zone 2 Pick-up 11 to 15 miles

	Rate	Gratuity	Total
2-4 Passenger Hummer H2	\$58.00	\$11.60	\$69.60
	\$10 per additional passenger		

Zone 3 Pick-up 16 to 25 miles

	Rate	Gratuity	Total
2-4 Passenger Hummer H2	\$75.00	\$15.00	\$90.00
	\$10 per additional passenger		

Zone 4 Pick-up 26 to 50 miles

	Rate	Gratuity	Total
2-4 Passenger Hummer H2	\$100.00	\$20.00	\$120.00
	\$11 per additional passenger		

Rates are for "Pick Up/Drop off" service only.

Total charge includes gratuity for driver, tolls for outside Charlotte area will be added

Rates are based on 1-hour passenger time with rates doubling for each additional hour of service

Deposit required at time of reservation: \$30.00 2-4 passenger H2

Final payment must be received prior to scheduled service.

NO REFUNDS FOR MISSED OR DELAYED FLIGHTS

Limousine will wait for passengers up to 1 hour at no charge

A fee of \$40.00 will be charged for waiting up to 1 additional hour

The limousine can only wait for passengers for a maximum of 2 total hours

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Limousine Central, LLC

(Applicant)

Date: 5-11-2005

(Applicant's Representative) Anthony Mizzi

Managing Member

(Title)

EXHIBIT D

Name of Company: Limousine Central, LLC

<u>Vehicle Description</u>	<u>VIN Number</u>	<u>Weight Empty</u>	<u>Carrying Capacity</u>
2004 Hummer H2	5GRGN23U54H119873	9,400	22
2004 Hummer H2	5GRGN23U54H104595	9,400	22
2004 Lincoln Towncar	1LNHM81W34Y669536	6,000	14
2005 Hummer H2	5GRGN23U15H100237	6,400	4
2003 Hummer H2	5GRGN23U33H148786	6,400	4
2003 Ford Excursion	1FMNU40S63EC96177	10,000	14

EXHIBIT FWA

Name: Limousine Central, LLC
Address: 2359 Perimeter Pointe Parkway Suite 350 Charlotte, NC 28208
Telephone No. 704-655-9419 **Fax No.** 704-655-9117
U.S.D.O.T. No. _____ **ICC No.** _____

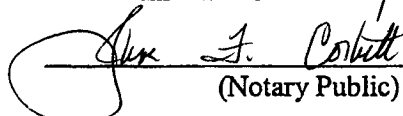
1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No x Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes _____ No x
3. Are there currently any outstanding judgement (s) against Applicant?
Yes _____ No x
(If "yes", indicate nature of judgement (s).)
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes x No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes x No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At Charlotte, North Carolina

This 17th day of May, 2005


(Notary Public)

Commission Expires: August 29, 2007

INSURANCE QUOTE

The following insurance quote is for:

see attached certificates of Liability Insurance

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/10,000
8 - 15 passengers	-	25,000/100,000/10,000

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

- **Form E Certificate of Insurance is required to be filed with the SC Office of Regulatory Staff, Post Office Box 11263, Columbia, SC 29211
Office # 803-737-0800 Fax # 803-737-0801**

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PT
LD000-1

DATE (MM/DD/YYYY)
04/13/05

PRODUCER:
Swinsom Insurance Agency, Inc.
725 Providence Rd.
PO Box 220486
Charlotte NC 28222-0486
Phone: 704-333-6694 Fax: 704-333-3864

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED:

Limousine Central LLC
2359 Perimeter Points Pkwy 350
Charlotte NC 28208

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: USF Insurance Company	
INSURER B: National Indemnity Company	
INSURER C: Lexington Insurance Co.	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR (REQD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	LGBGL21229	05/27/04	05/27/05	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence)
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PROD EXP (Any one person)
	<input type="checkbox"/> OWNERS AGGREGATE LIMIT APPLIES FOR:				PERSONAL & AUTO LIABILITY
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE
					PRODUCTS - COMMER AGG
B	AUTOMOBILE LIABILITY	87833710143	05/27/04	05/27/05	COMBINED SINGLE LIMIT (Per accident)
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - CR ACCIDENT
	<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY
					AGE
C	EXCESS/UMBRELLA LIABILITY	87833710143	05/27/04	05/27/05	EACH OCCURRENCE
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE
	<input type="checkbox"/> DEDUCTIBLE				
	<input type="checkbox"/> RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WELLS & UP TO 100,000
	ANY PRODUCER/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT
	If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE
	OTHER				EL DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 2004 Hummer H2 S#56REN230S4H119873
 2004 Hummer H2 S#56REN230S4H104595
 1999 Goshen Bus S#1GBL237F4W3317103

CERTIFICATE HOLDER

Charlotte / Douglas
International Airport
Att: Ground Transportation
P O Box 15066
Charlotte NC 28219

CHARLOT

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE CERTIFICANT INSURER WILL endeavor to mail 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD CERTIFICATE OF LIABILITY INSURANCE

OPID: BT
LTMOG-1

DATE (MM/DD/YYYY)
04/13/05

PRODUCER
Swimmer Insurance Agency, Inc.
125 Providence Rd.
PO Box 220486
Charlotte NC 28232-0486
Phone: 704-333-6694 Fax: 704-333-3864

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

The Limo Group LLC
2359 Perimeter Pointe Pkwy 350
Charlotte NC 28208

INSURERS AFFORDING COVERAGE

INSURER A: National Indemnity Company
INSURER B: USF Insurance Company
INSURER C:
INSURER D:
INSURER E:

NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN VERIFIED TO THE INSURED AND ARE SUBJECT TO THE POLICY WORDS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR ANY OTHER ACT, THIS CERTIFICATE DOES NOT ALTER OR SUPPLEMENT THE COVERAGE PROVIDED BY ANY POLICY, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. THIS CERTIFICATE IS NOT A CONTRACT AND DOES NOT PROVIDE COVERAGE.

LINE	COVERAGE	DESCRIPTION	START DATE	END DATE	AMOUNT
1	GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/>	05/27/04	05/27/05	\$1,000,000 \$500,000 \$500,000 \$1,000,000 \$200,000 \$200,000
2	AUTOMOBILE LIABILITY	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRE/AUTOS NON-OWNED AUTOS	07/20/04	07/20/05	\$1,500,000 \$1 \$1 \$1
3	GARAGE LIABILITY	ANY AUTO			\$1 \$1
4	EXCESS/UMBRELLA LIABILITY	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$			\$1 \$1 \$1 \$1
5	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	EMPLOYER/EMPLOYEE/INDEPENDENT CONTRACTOR/EMPLOYEE EXCLUDED SPECIAL PROVISIONS below			\$1 \$1 \$1
6	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / SPECIAL PROVISIONS

2005 Hummer H2 S#5G8GN23J15H100237
2003 Ford Excursion S#1FBN0402632C96177
2003 Hummer H2 S#5G8GN23D33H148786
2004 Lincoln Towncar S#1LNEM21W34Y669536

CERTIFICATE HOLDER

Charlotte / Norfolk
International Airport
Attn: Ground Transportation
P O Box 19266
Charlotte NC 28219

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE CERTIFICATE HOLDER SHALL, IN ADVANCE TO THE CERTIFICATE HOLDER, BE REQUIRED TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OR ANY KIND UNDER THIS INSURANCE, ITS AGREEMENT OR REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE